

10/732834

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1							51					
2								52					
3								53	1				
4								54					
5								55					
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26								76	1				
27	1							77					
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45								95					
46								96	1				
47								97					
48								98					
49								99					
50								100					
TOTAL IND. 7							TOTAL IND.						
TOTAL DEP. 120							TOTAL DEP.						
TOTAL CLAIMS 127							TOTAL CLAIMS						

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS															
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